

General

Title

Diagnostic imaging: mean PET report turnaround time (RTAT).

Source(s)

American College of Radiology (ACR). National Radiology Data Registry: qualified clinical data registry. Non-PQRS measures. Reston (VA): American College of Radiology (ACR); 2015 Mar. 49 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the mean positron emission tomography (PET) report turnaround time (RTAT).

Rationale

The written imaging report is a key method for providing diagnostic interpretation to referring clinicians from radiologists. Timely final imaging reports support informed and efficient decision making for treatment plans by referring physicians, and ultimately the delivery of care to patients. While important to timely treatment and potentially better health outcomes, short turnaround of reports also improves patients' experience with care, cuts input costs, and improves the throughput of imaging exams. Rapid turnaround time (TAT) of reports is especially important to patient care provided in the emergency department (ED). These measures encompass all settings, enabling quality improvement in each. While the definition of timeliness depends on setting or site characteristics, using comparative benchmarks from registry data provides radiologists with transparent feedback to optimize TAT at their sites. The American

Board of Radiology includes "turnaround time" as one category from which radiologists may select to conduct a practice quality improvement (Part IV) for continued maintenance of certification.

Evidence for Rationale

ACR practice guideline for communication of diagnostic imaging findings. Reston (VA): American College of Radiology (ACR);

American College of Radiology (ACR). National Radiology Data Registry: qualified clinical data registry. Non-PQRS measures. Reston (VA): American College of Radiology (ACR); 2015 Mar. 49 p.

Berlin J. Critical communication: improving patient safety. Diagn Radiol. 2011 Feb 12;EPub.

Kruskal JB, Anderson S, Yam CS, Sosna J. Strategies for establishing a comprehensive quality and performance improvement program in a radiology department. Radiographics. 2009 Mar-Apr;29(2):315-29. [PubMed](#)

Reiner BI. The challenges, opportunities, and imperative of structured reporting in medical imaging. J Digit Imaging. 2009 Dec;22(6):562-8. [PubMed](#)

Strife JL, Kun LE, Becker GJ, Dunnick NR, Bosma J, Hattery RR, American Board of Radiology. The American Board of Radiology perspective on maintenance of certification: part IV--practice quality improvement for diagnostic radiology. Radiology. 2007 May;243(2):309-13. [PubMed](#)

Swensen SJ, Johnson CD. Radiologic quality and safety: mapping value into radiology. J Am Coll Radiol. 2005 Dec;2(12):992-1000. [PubMed](#)

Towbin AJ, Iyer SB, Brown J, Varadarajan K, Perry LA, Larson DB. Practice policy and quality initiatives: decreasing variability in turnaround time for radiographic studies from the emergency department. Radiographics. 2013 Mar-Apr;33(2):361-71. [PubMed](#)

Primary Health Components

Positron emission tomography (PET); report turnaround time (RTAT)

Denominator Description

Total number of positron emission tomography (PET) exams completed (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Mean time from exam completion to final signature on report, in hours

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The measures in this set are being made available without any prior formal testing. However, these measures are included in the Centers for Medicare and Medicaid Services (CMS) approved American College of Radiology (ACR) National Radiology Data Registry, a CMS Physician Quality Reporting System (PQRS) Qualified Clinical Data Registry since 2014.

The ACR recognizes the importance of thorough testing all of its measures and encourages ongoing robust testing of the ACR National Radiology Data Registry measurement set for feasibility and reliability by organizations or individuals positioned to do so. The ACR will welcome the opportunity to promote such testing of these measures and to ensure that any results available from testing are used to refine the measures on an ongoing basis. Since these measures are in use for quality improvement and reporting, we can support data analysis of registry data to perform the testing, such as evaluation of gaps for validity testing, and signal-to-noise estimation for reliability testing.

Evidence for Extent of Measure Testing

Blakey A. (Administrator, Quality Management Programs, American College of Radiology, Reston, VA). Personal communication. 2016 Mar 7. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Emergency Department

Hospital Inpatient

Hospital Outpatient

Transition

Type of Care Coordination

Coordination across provider teams/sites

Coordination within a provider team/site

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Effective Communication and Care Coordination

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality

Report Categories

IOM Care Need

Getting Better

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Timeliness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Diagnostic Evaluation

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Total number of positron emission tomography (PET) exams completed

Exclusions

Records that have lowest 2.5% values, and highest 2.5% values of calculated measure, to eliminate outliers

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Mean time from exam completion to final signature on report, in hours

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Mean/Median

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Original Title

Report turnaround time: PET.

Measure Collection Name

National Radiology Data Registry Measurement Set

Submitter

American College of Radiology - Medical Specialty Society

Developer

American College of Radiology - Medical Specialty Society

Funding Source(s)

None

Composition of the Group that Developed the Measure

The American College of Radiology (ACR) National Radiology Data Registry (NRDR) helps facilities benchmark outcomes and process-of-care measures and to develop quality improvement programs. The composition of the workgroup is has representation from each of our six data registries:

- CT Colonography Registry Committee (CTC)
- Dose Index Registry Committee (DIR)
- General Radiology Improvement Database Committee (GRID)
- National Mammography Database Committee (NMD)
- Lung Cancer Screening Registry Committee (LCSR)
- IR & INR Registries (Interventional Radiology)

Committee Members

- Morin Richard, PhD, FACR, Chair of NRDR
- Kalpana Kanal, PhD, Chair of DIR
- Zuley Margarita, MD, Chair of NMD
- Abe Dachman, MD, Chair of CTC Committee
- Frank Rybicki, MD, Chair of Metrics Committee
- Siegel Eliot, MD, RSNA Liaison
- Chad Calendine, MD, Co-Chair of GRID
- Geoffrey Wiot, Co-Chair of GRID
- Jeremy Durack, Chair of IR Registry Committee
- Ella Kazerooni, Co-Chair of Lung-Cancer Screening Committee
- Deni Aberle, Co-Chair of Lung-Cancer Screening Committee

Committee Staff

- Judy Burleson, MHSA, American College of Radiology
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Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Mar

Measure Maintenance

This measure is reviewed annually

Date of Next Anticipated Revision

2017 Mar

Measure Status

This is the current release of the measure.

Measure Availability

Source available from the [American College of Radiology \(ACR\) Web site](#) .

For more information, contact ACR at 1891 Preston White Drive, Reston, VA 20191; Phone: 703-648-8900; E-mail: nrd@acr.org; Web site: www.acr.org .

NQMC Status

This NQMC measure summary was completed by ECRI Institute on December 11, 2015. The information was verified by the measure developer on March 7, 2016.

Copyright Statement

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Production

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